



**Punjab Social Protection
Authority (PSPA)**

PHCIP - M&E Operations Review

**Draft Quarterly Operations Review Report –
H&N CCT Component**

January – March 2023



**Building a better
working world**

Revision History

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6			
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Table of Contents

Revision History 2

Executive Summary..... 4

Chapter 1: Introduction 9

 1.1 Overview of PHCIP Program 9

 1.2 Objectives and Scope of Operations Review..... 10

 1.3 Organization of this Report 10

Chapter 2: Overview of Health and Nutrition CCT Component..... 12

 2.1 H&N CCT Implementation Process 12

 2.2 Progress of H&N CCT Component 14

Chapter 3: Findings of Feedback Surveys 18

 3.1 Survey Methodology 18

 3.2 Survey Findings..... 20

Chapter 4: Recommendations and Conclusion..... 29

Annexures

Executive Summary

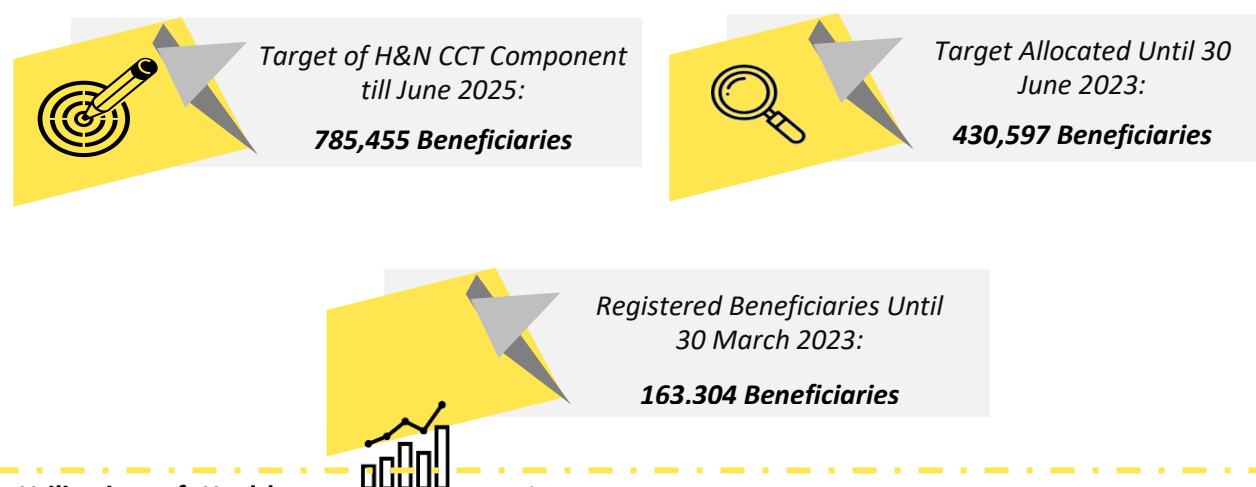
Background and Purpose of the Operations Review

The Punjab Human Capital Investment Project (PHCIP) is a project financed by a World Bank credit to the Government of Pakistan. The project has three components which lead to improvements in the health situation of the eligible beneficiaries, as well as promoting economic and social inclusion helping accomplish the overall project development objective (PDO). This report presents an analysis of the Health and Nutrition Conditional Cash Transfer (CCT) program in Pakistan.

The purpose of this review is to assess the effectiveness of the program operations in improving the health and nutrition status of pregnant and lactating women and/or children under two years of age.

Progress of H&N CCT Component

As per progress reports shared with us, as of March 31, 2023, the number of registered beneficiaries stands at 163,304, lower than the target of 430,597 beneficiaries which is to be achieved until 30 June 2023. Additionally, the utilization of healthcare services, particularly safe delivery and child vaccination, remains suboptimal. The below figures highlight the current status of the program.



Utilization of Healthcare Services

- ▶ The analysis of EMR data shows that out of 163,304 beneficiaries, 30,322 beneficiaries were registered until 31 March 2022. Out of these beneficiaries, 24,921 beneficiaries were pregnant women. Out of these registered pregnant women only 8,532 (34%) women visited health facilities for safe delivery until 31 March 2023
- ▶ Until 31 March 2023, a total 33,906 pregnant women visited the health facilities for safe delivery. Out of these beneficiaries, only 7,542 (22%) of them also visited the health facility for child vaccination.

This indicates a low utilization of key healthcare services related to safe delivery during the critical 1000-day period covering pregnancy to the child attaining two years of age

Findings of Feedback Survey

For the quarter ended March 2023, beneficiaries' feedback surveys were carried out to assess program success in achieving its desired objectives. A total of 825 beneficiary feedback surveys were administered for the quarter ended March 2023.

Districts	Target Sample Size	No of Beneficiary Interviewed
Bahawalnagar	69	71
Bahawalpur	69	71
Bhakkar	69	77
Dera Ghazi Khan	69	76
Khushab	69	79
Layyah	69	78
Lodhran	69	77
Mianwali	69	70
Muzaffargarh	69	72
Rahim Yar Khan	69	78
Rajanpur	69	76
Total	759	825

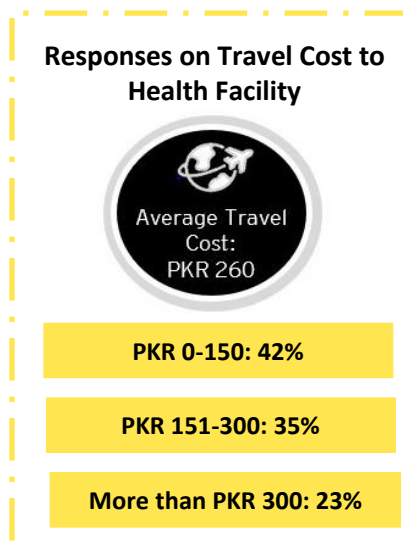
Awareness of H&N CCT (AAGOSH) Program

The findings of the feedback indicate a positive impact of the AAGOSH H&N CCT program on beneficiaries. Most of the respondents reported improved access to healthcare facilities, reflecting the program's success in enhancing healthcare accessibility. However, the finding also identified a low level of awareness about the program. Out of the surveyed beneficiaries, only **61%** reported that they knew about the H&N CCT (AAGOSH) program.



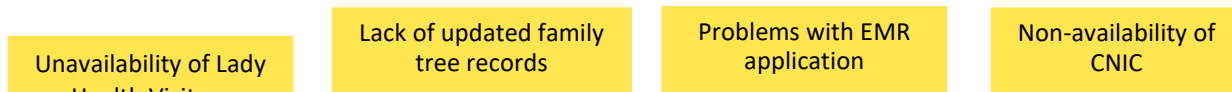
Access to Health Facilities

It is noted that a majority of the beneficiaries have relatively good access to healthcare facilities, with 58% reporting that the health facility is within three kilometers of their homes. Additionally, more than half of the beneficiaries (55%) travel to the health facility using their own vehicle. Moreover, the average cost to travel to the health facility was PKR 260, which is on the lower side and may not be a significant financial burden for most beneficiaries considering that they are receiving monetary incentive for each visit. Taken together, it is noted that access to healthcare may not be a major issue for the majority of beneficiaries.



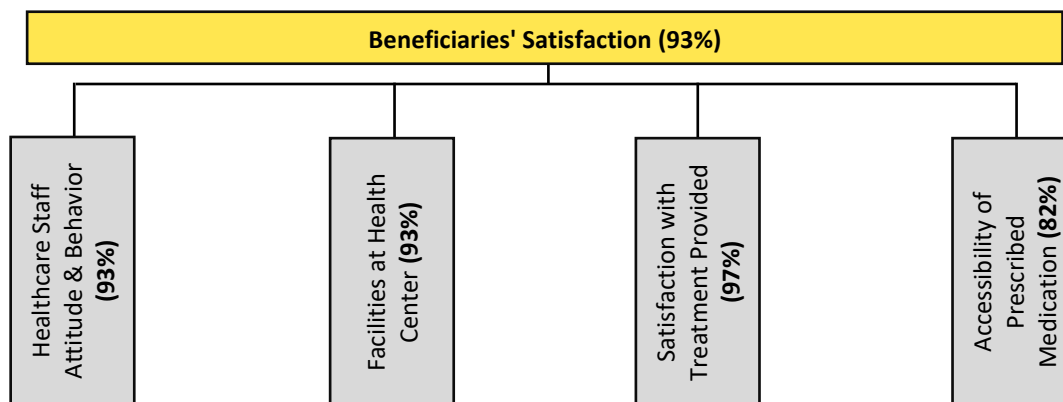
Enrollment of Beneficiary

According to the survey, 89% of the beneficiaries reported that they did not encounter any difficulties during the enrollment process. Out of the 11% respondents, 47% of the respondents who faced difficulties was the unavailability of Lady Health Visitors (LHVs) due to their busy schedules. Another issue highlighted by 7% of the respondents was the lack of updated family tree records.



Beneficiaries' Satisfaction with Healthcare Services (IRI 3)

One of the Intermediate Result Indicator (IRI) of PHCIP program is the percentage of women who are satisfied with the healthcare services under the program. The target of this indicator is 80% women beneficiaries satisfied with the healthcare services. In order to gauge the satisfaction of the H&N beneficiaries, the IRI was broken down into sub-indicators and beneficiaries' feedback was obtained. It was noted that more than 80% of the beneficiaries were satisfied with each of the sub-indicator.



Payment Distribution

The distribution of CCT payments is areas of concern. The 48% of surveyed beneficiaries reported that they received the SMS regarding the opening of the HBL Konnect wallet account. Out of these beneficiaries, 87% of the beneficiaries opened their HBL Konnect account.

In addition, 27% of beneficiaries received the CCT payment amount. The payment process is perceived positively by the beneficiaries, but delays in payment disbursements and deductions made by agents is also an area of concern for the beneficiaries.



Grievances Redressal Mechanism (GRM)

Only 4% of surveyed beneficiaries were informed about the complaint registering process. Only a small percentage of beneficiaries registered complaints, primarily related to payment issues, and dissatisfaction was expressed with the GRM's effectiveness in addressing their concerns.

Recommendations and Conclusion

By addressing areas for improvement program's effectiveness can be enhanced, and it can be ensured that it continues to positively impact the health situation of the beneficiaries it serves. Some key recommendations in this regard presented below.

- Beneficiary awareness about the H&N CCT (AAGOSH) program was found to be considerably low indicating issues with the program outreach and communication strategies, hence, needs to be reviewed in order to align with the ground realities. For instance, Lady Health Workers (LHWs) emerged as a significant source of information for beneficiaries, highlighting their crucial role in program outreach and education while Robo calls, and letter were not an effective mode of communication. To ensure broader reach and effectiveness of the program, the program should explore alternative modes of awareness campaigns.
- Among the surveyed beneficiaries, only 48% reported receiving the SMS notification regarding the opening of the wallet account. This indicate that a significant portion of beneficiaries did not receive the initial communication which highlights a potential communication gap. It is essential to investigate the reasons behind this and efforts should be made to improve the communication process to ensure that a higher percentage of beneficiaries receive the necessary information,
- The distribution of CCT payment was the areas of concern as only a small number (27%) of beneficiaries received the CCT payment amount which is in opposition to the design of the program. This could be one of the reasons for low safe delivery numbers as the incentive that promised was not provided to the beneficiaries during the routine check-ups. To address these issues, it is necessary to review the payment process and identify any bottlenecks that may be causing problems or delays. In addition, deductions made by agents require attention of implementing agency for its improvement.
- The beneficiaries of the PHCIP are advised to report any grievance related to the program at the PSPA hotline or they may also send written complaints to the PSPA field and head offices. Considering that PSPA is implementing many other programs and there would be lot of traffic on the single hotline, establishing a dedicated grievance redressal helpline for PHCIP would ensure transparency, accountability, and addressing any concerns or complaints that may arise within the program. Further, there should be clear and accessible guidelines that should outline the process for submitting grievances. These guidelines should provide information on how and where beneficiaries can lodge their complaints, the expected timeframe for response and resolution, and the steps involved in the grievance redressal process. These guidelines should be shared with all beneficiaries at the time of enrollment into the program.



Chapter 1

Introduction

Chapter 1: Introduction

1.1 Overview of PHCIP Program

The Punjab Human Capital Investment Project (PHCIP) is a project financed by a World Bank credit to the Government of Pakistan. The Project goal is to “achieve qualitative and quantitative improvements in Punjab’s Human Capital Index (HCI) and related indicators”. The project development objective (PDO) is to increase the access to quality health services, and economic and social inclusion programs, among poor and vulnerable households in select districts in Punjab namely Bahawalnagar, Bahawalpur, Bhakkar, Dera Ghazi Khan, Khushab, Layyah, Lodhran, Mianwali, Muzaffargarh, Rahim Yar Khan and Rajanpur. The project has three components which are further divided into sub-components. Each component and sub-components are illustrated in the diagram below.

Project Components	Component 1: Quality of and Access to Healthcare Services	Component 1.1: Quality of Health Services
		Component 1.2: Utilization of Health Services
	Component 2: Social and Economic Inclusion	Component 2.1: Economic Inclusion (EI)
		Component 2.2: Social Inclusion for Education (SIE)
	Component 3: SP Service Delivery Platform	

With regards to healthcare services, the project aims to improve both the demand and the supply side. Through Component 1.1, the supply side will be addressed. In order to do that, Basic Health Units (BHUs) and Rural Health Centers (RHCs) will be upgraded and medical facilities including medicines, family planning and nutrition commodities will be provided. For the demand side, Conditional Cash Transfers (CCTs) will be provided to eligible pregnant or lactating women (PLW) and/or parents of children up to 2 years of age if they comply with some pre-determined conditions.

For social and economic inclusion component, program will economically empower eligible young parents by providing them Labor Market Readiness (LMR) Training and a productive asset that they can utilize for income generation (Component 2.1). It will also help to improve the Early Childhood Education (ECE) to develop fundamental skills in young children and prevent school dropout (Component 2.2).

Component 3 target improvements to the existing SP Service Delivery Platform, improving coordination and interoperability between the different SP programs currently being implemented. This will be done by developing IT Systems for the Punjab Social Protection Authority and providing technical assistance in different functions including beneficiary targeting, procurement, benefit delivery, financial management, grievance redressal and M&E.

In combination all three components lead to improvements in the health situation of the eligible beneficiaries, as well as promoting economic and social inclusion helping accomplish the overall project development objective (PDO).

1.2 Objectives and Scope of Operations Review

The PHCIP includes an operations review component, and the Punjab Social Protection Authority (PSPA) has contracted with EY Ford Rhodes to undertake the operations review of the program interventions. The operation review component will help to evaluate the program activities and identify any major bottlenecks in project implementation. The operations review component will also help to inform stakeholders of the program on performance and enable lessons to be drawn to improve future practice and policy.

To provide context to the estimates of program operations, process evaluation through spot check of various activities; beneficiaries' feedback on quality and delivery of services with key informant interviews are planned. It was mutually agreed between EYFR and PSPA that the operations review activity shall involve the beneficiary interviews for the quarter ended March 2023. For this, the data on the beneficiary experience with the programme operations including enrollment, behavior of health staff, availability of required medicines and experience with payments mechanism was gathered through beneficiary surveys.

1.3 Organization of this Report

This report provides a brief overview of the Punjab Human Capital Investment Project (PHCIP) and details the role of EY as an Operations' Review Firm. It evaluates the program activities for the quarter ending March 2023 and identifies any major bottlenecks in project implementation. It also informs stakeholders of the program on performance and enable lessons to be drawn to improve future practice.

In this document, Chapter 1 provides a brief introduction of the Punjab Human Capital Investment Project (PHCIP) and EY's role as an Operations' Review Firm. In Chapter 2, we provide an overview of the H&N CCT component of PHCIP, its implementation process and current progress achieved with regards to said implementation process. In Chapter 3, we specify our field assessment methodology as well as detailed analysis of the field findings. We also evaluate the strengths and weaknesses of the program from beneficiaries' perspective as it is being currently implemented, proposing recommendations to improve programmatic weak links and enable effective implementation.

Supplemental details, where required, have been included in the annexures.



Chapter 2

Overview of Health and Nutrition CCT Component

Chapter 2: Overview of Health and Nutrition CCT Component

The Health and Nutrition Conditional Cash Transfer (H&N CCT) component aims to increase the utilization of key healthcare services during the 1000-day period covering pregnancy to the child attaining two years of age among poor and vulnerable households in Pakistan. The component provides Conditional Cash Grants (CCGs) to eligible pregnant or lactating women and/or mothers of children under 2 years of age to compensate for the financial and non-financial costs of visiting healthcare facilities. The component is rolled out in 11 districts with the highest poverty and poor human development indicators, and the primary beneficiaries are Pregnant and Lactating (PLWs) and children under 2 years of age from Benazir Income Support Programme (BISP) beneficiary households. The component incentivizes eligible PLWs to fulfill conditionalities, such as regular health checkups, skilled birth delivery and birth registration, growth promotion, and immunization of pregnant mothers and children under two years of age, as well as participation in counseling and awareness sessions on population welfare, hygiene and feeding and caring practices, and children's cognitive development.

2.1 H&N CCT Implementation Process

Electronic Medical Record (EMR) System

For implementation of H&N component, project deploy an Electronic Medical Record (EMR) system at healthcare facilities in target districts, developed by the Health Information and Service Delivery Unit (HISDU) under the Primary and Secondary Healthcare Department (P&SHD). The EMR is integrated with an application specifically designed and developed for the PSPA H&N CCT to ensure project beneficiaries as well as general patients are served through a single interface. Lady Health Visitors (LHVs) handle the application at Project Health Facilities and register visiting PLWs in the EMR system and verify their eligibility based on NSER data.

Communications, Outreach and Social Mobilization Strategy (COSMOS)

As per the program document, a multi-layered and comprehensive Communications, Outreach and Social Mobilization Strategy (COSMOS) will inform the roll-out and implementation of the H&N CCT. The COSMOS focus on mobilizing and sensitizing the eligible beneficiaries to motivate them for enrolment in the program. The project employs multi-layered communication and delivery channels, including establishing a system to auto-generate SMS alerts and/or Robbo calls to eligible households before commencement of field activities.

Enrolment of Beneficiaries

The H&N CCT component is rolled out in all primary healthcare facilities (Basic Health Units and Rural Health Centers) in the target districts. The process begins when a pregnant or lactating woman visits a health facility. Upon arrival, she is issued a token to ensure she receives the right care at the right time in a comfortable and hassle-free environment.

Before being directed to the Lady Health Visitor (LHV) for enrollment, a designated staff member performs a basic examination on the woman, which involves checking her blood pressure, body weight, and temperature. The LHV or other designated user will then use an Android-based tablet to enroll the beneficiary in the EMR system.

Once the CNIC is entered into the app, the system runs a quick verification by matching it with the available NSER data in the database. Upon successful verification, the system automatically routes the request for creating a beneficiary compliance profile.

The H&N-CCT process flow define the process for direct BISP Beneficiary as well as for Daughter-in-Laws (verified/unverified) from within BISP beneficiary households. For BISP Beneficiaries, an antenatal care and/or immunization schedule is generated at enrollment, and respective compliance is marked. Every day, data related to new registration, visits by beneficiaries, and eligible daughters-in-law who updated their family tree information at NADRA are automatically pushed to PSPA. Bank of Punjab (BOP) then pulls this data and creates inactive profiles of beneficiaries while the data is processed for name screening with the proscribed list of the State Bank of Pakistan. Profiles that fail the name screening are blocked, and those that pass receive payment. Once payment is made, an SMS alert is sent to the beneficiary, who can withdraw cash from any designated pay-point after undergoing biometric verification.

For Daughter-In-Laws who are part of BISP beneficiary households and have a CNIC, the details of the active beneficiary (Mother-in-Law) and Daughter-In-Law's CNIC/Family Tree status are recorded at the time of enrollment. If a Daughter-in-Law's CNIC/Family Tree information is not updated, it is held until updated and reported to LHV at BHU by the PLW. After the information is updated, the cases are queued up for submission to PSPA.

Payment Disbursement

The payment process flow for the component involves the use of the Biometric Verification System (BVS) based Wallet Accounts for making payments. New beneficiaries and existing ones need to undergo the BVS process for registration for which they need to visit designated pay-points for BVS based registration through NADRA, after which wallet accounts are created and funds transferred within an hour of verification.

2.2 Progress of H&N CCT Component

A detailed discussion with PSPA team and a desk review was conducted to analyze the beneficiaries' data obtained from the Electronic Medical Records (EMR) system. The objective of this was to map the progress of the program. This provided valuable insights into the utilization of healthcare services, the achievement of program milestones, and the overall well-being of the beneficiaries.

Electronic Medical Record (EMR) System

As part of this program, the implementation of the Electronic Medical Record (EMR) system in Basic Health Units (BHUs) across the province of Punjab is a critical component. The EMR system aims to improve the quality and efficiency of healthcare services by digitizing patient records and providing real-time access to medical data for healthcare providers.

Primary and Secondary Healthcare Department (P&SHD) has successfully implemented the EMR system in 100% of BHUs in Punjab by December 31, 2022. The implementation process expects to involve the deployment of hardware, software, and internet connectivity at each BHU, along with the necessary training and capacity building of healthcare providers to ensure smooth and effective use of the system.

Beneficiaries Enrollment

Under H&N CCT component, the project aims to target an approximately 0.78 million BISP beneficiaries over a period of five years. The table below provides details of target numbers to be reached over the project life cycle from within all target districts.

Division	District	Yearly Targets (Non-cumulative)					Total
		Yr-1	Yr-2	Yr-3	Yr-4	Yr-5	
Bahawalpur	Bahawalpur	25,206	23,971	22,797	21,680	20,617	114,271
	R.Y. Khan		10,571	10,053	9,560	9,092	39,276
	Bahwalnagar			9,599	9,128	8,681	27,408
Dera Ghazi Khan	Muzaffargarh	51,588	49,060	46,656	44,370	42,196	233,870
	D.G. Khan		24,779	23,565	22,410	21,312	92,066
	Rajanpur		4,879	4,640	4,412	4,196	18,127
	Layyah			3,075	2,924	2,781	8,780
Sargodha	Bhakkar		12,187	11,589	11,022	10,481	45,279
	Mianwali		37,559	35,719	33,968	32,304	139,550
	Khushab			12,318	11,715	11,141	35,174
Multan	Lodhran			11,086	10,542	10,026	31,654
Total Target		76,794	163,006	191,097	181,731	172,827	785,455

The beneficiary enrollment target for three years ending 30 June 2023 is 430,897. As of 31 March 2023, it has been noted that there are currently 163,304 registered beneficiaries for the program, which are significantly lower than the target sets for three years.

The district wise breakup of registered beneficiaries are as follows.

District	Target Benefices	Registered Beneficiaries	%age of Completion
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Mianwali	73,278	6,093	8%
Khushab	12,318	2,518	20%
Bahawalpur	71,974	15,759	22%
Muzaffargarh	147,304	46,916	32%
Dera Ghazi Khan	48,344	22,012	46%
Bahawalnagar	9,599	5,030	52%
Bhakkar	23,776	13,584	57%
Lodhran	11,086	6,830	62%
Rahim Yar Khan	20,624	22,699	110%
Rajanpur	9,519	16,284	171%
Layyah	3,075	5,579	181%
Total	430,897	163,304	38%

Source: EMR Beneficiary Data

It is important to understand the reasons behind this shortfall. One possible reason could be a lack of awareness and outreach efforts among the target population. It is possible that many eligible individuals are not aware of the program. To address this issue, more focus can be placed on the awareness campaigns in the target areas to promote the program and its benefits to the local population.

Utilization of Healthcare Services

The analysis of EMR data shows that 163,304 beneficiaries were registered as of 31 March 2023 for availing different health services under the program. Out of these 163,304 beneficiaries, 30,322 beneficiaries were registered until 31 March 2022 out of which 24,921 beneficiaries were pregnant women. Although, these pregnant women visited health facilities for one or multiple follow-up check-ups during their pregnancy cycle, only 8,532 (34%) of these women visited health facilities for safe delivery until 31 March 2023 indicating a low conversion rates and utilization of key healthcare services related to safe delivery.

The table below provide the details on utilization of health services.

Districts	Registered Pregnant Women till 31 March 2022	Safe Delivery Number as at 31 March 2023	Safe Delivery Percentage
Dera Ghazi Khan	2,941	1,264	43%
Bahawalnagar	102	40	39%
Rajanpur	2,075	785	38%
Bahawalpur	3,521	1,292	37%
Mianwali	1,060	375	35%
Rahim Yar Khan	2,775	940	34%
Muzaffargarh	10,038	3,137	31%
Bhakkar	1,991	588	30%
Khushab	29	8	28%
Layyah	246	70	28%
Lodhran	143	33	23%
Grand Total	24,921	8,532	34%

Source: EMR Beneficiary Data

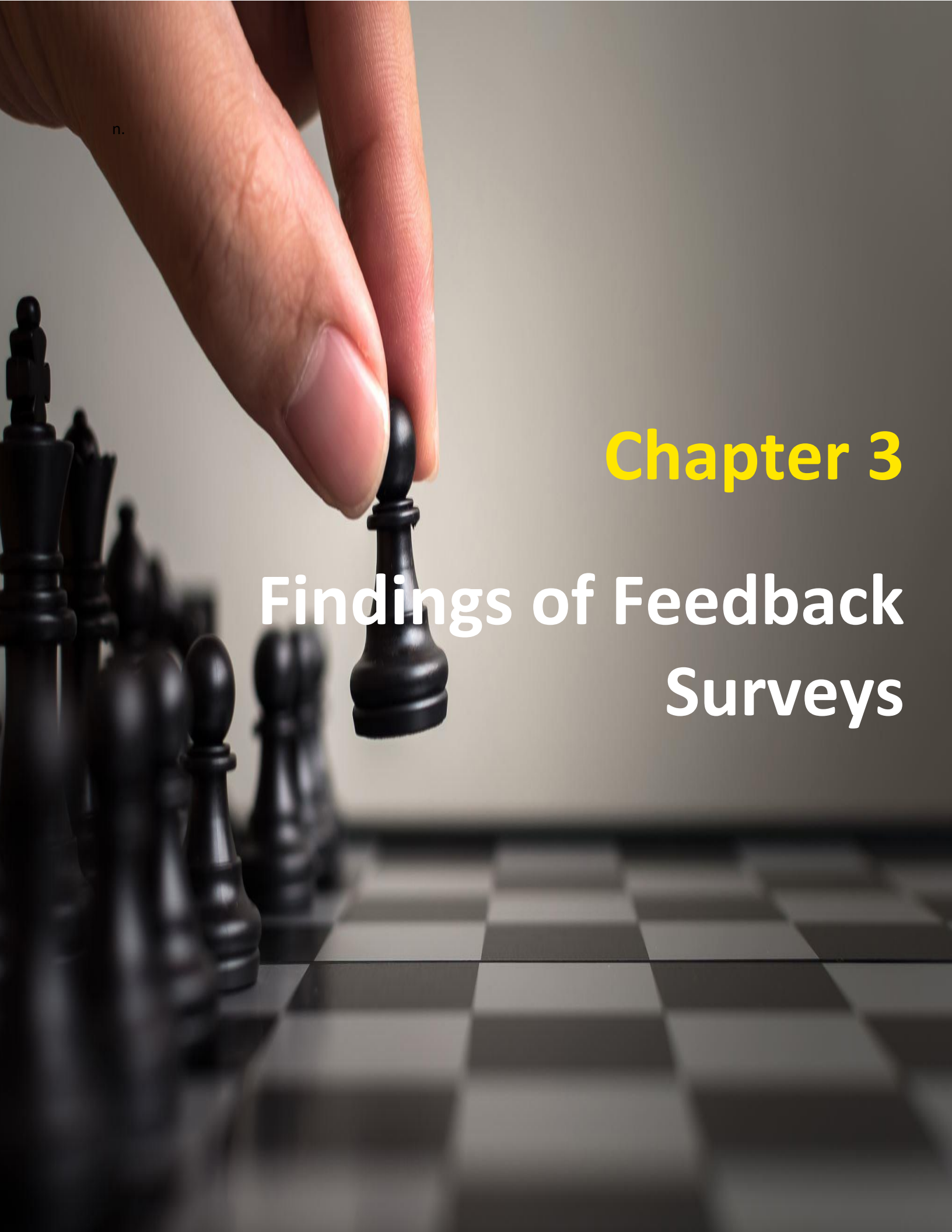
In addition, until 31 March 2023, a total 33,906 pregnant women visited the health facilities for safe delivery. Out of these beneficiaries, only 7,542 (22%) of them also visited the health facility for child vaccination. This indicates a low uptake of child vaccination services among beneficiaries who have already utilized maternal health services.

District	No. of Beneficiaries Visited HF for Delivery until 31 March 2023	No. of Beneficiaries Visited HF for Child Vaccination	%age of Beneficiaries Visited HF for Child Vaccination
Dera Ghazi Khan	5,078	1,490	29%
Muzaffargarh	9,080	2,601	29%
Bahawalpur	3,679	937	25%
Bhakkar	2,320	463	20%
Rajanpur	4,200	710	17%
Rahim Yar Khan	4,275	681	16%
Mianwali	1,248	196	16%
Lodhran	1,483	194	13%
Khushab	379	43	11%
Bahawalnagar	1,065	116	11%
Layyah	1,099	111	10%
Total	33,906	7,542	22%

Source: EMR Beneficiary Data

Important Note:

We have obtained and relied on the progress data/information made available by the PHCIP team. We assume that the information that has been shared with us is complete and accurate.



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Chapter 3

Findings of Feedback Surveys

Chapter 3: Findings of Feedback Surveys

The operations assessment was designed to evaluate the effectiveness of various activities involved in the implementation of the H&N CCT program. Beneficiary feedback on quality and delivery of services was the primary data collection method for evaluation of the H&N CCT operations for the quarter ended March 2023.

The operations review employed a quantitative research design given the objectives of the assessment. In the preliminary stage, a framework was developed that identified themes corresponding with the program objective and matched them with the program interventions. This aided in the development of a comprehensive survey tool and ensured compliance with all the objectives of the assessment. As a result, a structured questionnaire was developed for the assessment of program operations.

3.1 Survey Methodology

a. Sampling

For the quarter ended March 2023, beneficiaries' feedback were planned, and the number of spot checks and key informant interviews was added to the per-district sample for beneficiary feedback surveys. Therefore, a total of 69 beneficiary feedback surveys were planned to be conducted per district for the quarter ended March 2023.

Component	Sample per district	Total Sample Size (Quarter ended March 2023)
H&N CCT Component	69	759

The operations assessment was conducted in all 11 districts, and the respondents for individual interviews were randomly selected from the beneficiary lists for the H&N CCT component in the selected districts.

b. Data Collection

The data collection methodology was based on international standards of data collection and had contingencies in place to protect the integrity of the data. After the survey tools were finalized, the questionnaire was coded onto a software platform: KoBo Collect. Pre-testing was conducted using dummy test entries.

For all respondent categories, the data was recorded in-real time using tablets. The data collected in the tablets was uploaded onto the cloud at the end of every day. Completeness and accuracy of the data were checked periodically to ensure errors were rectified at the earliest. Data was then cleaned and coded to be entered into the statistical software. In addition, a portion of data for selected for quality assurance calls by the Component in-charges.

Per district breakdown of the number of beneficiary interviews conducted for the given quarter has been provided in the table below.

Districts	Target Sample Size	No of Beneficiary Interviewed
Bahawalnagar	69	71
Bahawalpur	69	71
Bhakkar	69	77
Dera Ghazi Khan	69	76
Khushab	69	79
Layyah	69	78
Lodhran	69	77

Districts	Target Sample Size	No of Beneficiary Interviewed
Mianwali	69	70
Muzaffargarh	69	72
Rahim Yar Khan	69	78
Rajanpur	69	76
Total	759	825

c. Survey Limitations

Key considerations relevant to survey methodology are given as follows:

- ▶ The results of the survey are based on data obtained from a selected sample of beneficiaries, rather than the entire population. While efforts were made to ensure a representative sample, it is important to acknowledge that the findings may not be fully generalizable to the entire beneficiary population.
- ▶ The results presented in this section are purely based on the beneficiaries' feedback. The possibility of response bias exists, as respondents may have provided answers, they deemed socially desirable or biased due to factors such as the desire to please or fear of repercussions.
- ▶ Beneficiaries' ability to accurately recall specific programmatic details or experiences may have been influenced by memory limitations or other cognitive factors.
- ▶ Due to the wheat harvesting season on its peak at the time of surveys, availability of H&N CCT program beneficiaries at their households were an active constraint in reaching desired response rate within the stipulated timelines. To remedy this, sampling with replacement and snowballing strategy was employed.

3.2 Survey Findings

In this section, the beneficiary feedback regarding different activities involved in the implementation of H&N CCT program as obtained through field research is analyzed and key findings presented. The beneficiary satisfaction regarding the overall program is also noted and complaints and concerns have also been highlighted.

Sample Profile

A per district breakdown of the number of beneficiary interviews conducted for the given quarter has been provided in the aforementioned table. The program aims to provide support and assistance to women up to age of 49. The specific criteria of enrollment into the program is that a women should be pregnant or lactating (PLWs) and/or mother of children under two years of age.

Age bracket of selected sample of Pregnant Women was as follows.

<i>Age Bracket</i>	<i>Number of Beneficiaries</i>	<i>Percentage of Beneficiaries</i>
18- 20	14	2%
21-25	128	16%
26-30	196	24%
31-35	255	31%
36-40	165	20%
41 - 49	67	8%
Total	825	100%

While the age bracket for the children of the lactating women in the sample was as follows.

<i>Age Bracket</i>	<i>%age of Lactating Women's Child Age</i>
Below or equal to 6 months	46%
7 to 12 months	32%
12 to 18 months	14%
18 to 24 months	6%
Above 24 months	1%

From the selected sample, a majority of 85% visited Basic Health Units (BHUs) for their healthcare needs, while the remaining 15% visited Rural Health Centers (RHCs). This indicates that BHUs are the more frequently accessed health facilities by the beneficiaries, suggesting their importance of the need for upgradation of these health facilities. Following is a breakdown of beneficiaries visiting health facilities for each program service.

<i>Health Services</i>	<i>BHU</i>	<i>RHC</i>	<i>Total</i>
Immunization of child	64%	12%	76%
Antenatal Health Visit	20%	3%	22%
Immunization of child + antenatal check up	2%	0%	2%
Total	85%	15%	100%

Awareness of H&N CCT (AAGOSH) Program

The AAGOSH H&N CCT program aims to ensure that beneficiaries are well-informed about the program's objectives, features, and benefits. To achieve these goals, a combination of a well-targeted public information campaign and beneficiary outreach mechanisms is utilized. In order to mobilize and educate the beneficiaries about the program, a variety of activities is carried out, including the communication of key messages through materials such as leaflets and posters, conducting orientation sessions through targeted meetings and dialogue, mobilizing healthcare staff such as LHVs, LHSs, and LHWs, implementing an SMS and Robo-Call campaign, and conducting awareness sessions with local communities through allied government departments, local non-government organizations, and community and village organizations.

According to the surveys conducted with the beneficiaries, it was found that the level of knowledge about the program was not consistent and the awareness about the program among the surveyed beneficiaries was found to be relatively low. Out of the surveyed beneficiaries, only 61% reported that they knew about the AAGOSH H&N CCT program.

The specific districts that had particularly low levels of awareness regarding the AAGOSH H&N are Khushab and Bahawalnagar. **In Khushab, approximately 72% and in Bahawalnagar, around 69% of the respondents were not aware of the AAGOSH H&N CCT program.** District wise details are attached as an **Annexure-A**. Further, it is to be noted that out of 39% beneficiaries who reported they were not aware of the program features, 79% have also not received any payment under the program.

Among those who were aware of the program, the majority (82%) said that they knew about it from Lady Health Workers (LHWs), highlighting the important role of LHWs as a key source of information and outreach for the program. A smaller proportion of the respondents (12%) said they came to know about the program from friends and family, while a minority (6%) reported learning about it from letters, Robo-calls, and banners posted in health facilities.



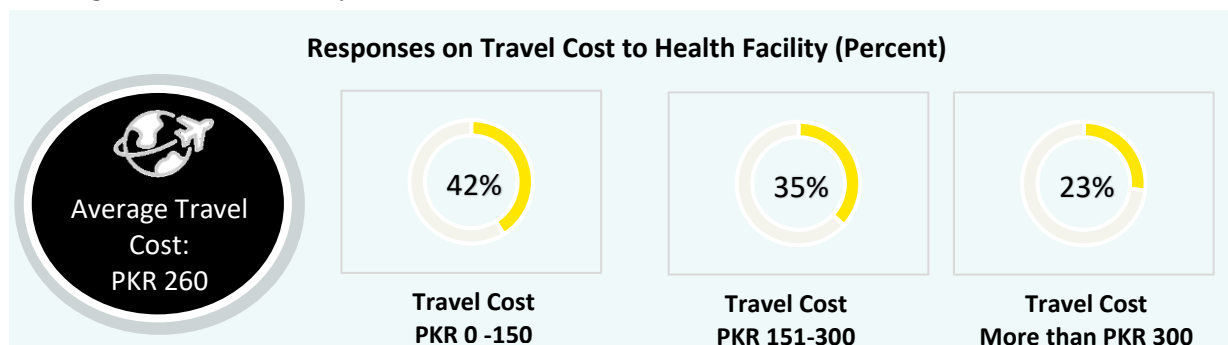
The findings suggest that the current communication strategies, such as letters, Robo-calls, and posters/banners, have had limited impact in creating awareness about the AAGOSH H&N CCT program.

Access to Health Facilities

Distance to the health facility and the mode of transportation are important factors to consider when planning healthcare interventions for the target population. Based on this, we have recorded the beneficiary's response. According to the surveys conducted with the beneficiaries, it was found that the distance of the health facility from their homes varies significantly. 18% of the respondents reported that the health facility was within one kilometer from their house, while 39% said that it was located one to three kilometers away. Another 20% mentioned that the health facility was three to five kilometers away, and 23% of the respondents stated that it was more than five kilometers away.

A majority of 55% of the beneficiaries used their own vehicle for transportation, while 26% used public transport. On the other hand, 19% of the beneficiaries reported reaching the health facility by foot or by taking someone else's vehicle.

Based on the beneficiary feedback received, it was found that the majority of beneficiaries (42%) reported that they had to spend PKR 0 - 150 on transportation, while 35% had to spend PKR 151 – 300 for travelling to health facility. On the other hand, 23% of beneficiaries reported spending more than PKR 300 for traveling to the health facility.



Based on the above, it is noted that a majority of the beneficiaries have relatively good access to healthcare facilities, with 58% reporting that the health facility is within three kilometers of their homes. Additionally, more than half of the beneficiaries (55%) travel to the health facility using their own vehicle. Moreover, the average cost to travel to the health facility was PKR 260, which is on the lower side and may not be a significant financial burden for most beneficiaries considering that they are receiving monetary incentive for each visit. Taken together, it is noted that access to healthcare may not be a major issue for the majority of beneficiaries.

Enrollment of Beneficiary in H&N CCT (AAGOSH) program

The enrollment process holds immense significance in achieving the targets of the program. It serves as the gateway through which beneficiaries are identified and connected with the program's benefits and services. According to the survey, 89% of the beneficiaries reported that they did not encounter any difficulties during the enrollment process. This finding indicates a positive experience for a significant portion of the beneficiaries.

During the survey conducted with the beneficiaries of the program, insights were obtained regarding the challenges faced during the enrollment process. Out of the respondents, 11% indicated that they encountered difficulties while enrolling.

Major Issues in Enrollments

One of the major issues highlighted by 47% of the respondents who faced difficulties was the unavailability of Lady Health Visitors (LHVs) due to their busy schedules, making it challenging for them to complete the registration process, indicating a need for increased availability and dedicated time for LHVs. Another issue highlighted by 7% of the respondents was the lack of updated family tree records, emphasizing the importance of maintaining accurate and up-to-date information for smooth enrollment.



Other issues included non-availability of CNIC of the beneficiaries at the time of the enrollment while in very rare cases it was on account of problems with EMR application. The district-wise breakdown of the reported difficulties is as **Annexure-B**:

Among the beneficiaries who faced difficulties, there were variations in the registration timelines. We found that 38% of the beneficiaries registered three months ago, 17% registered six months ago, 8%

registered nine months ago, 12% registered one year ago, and 26% registered more than one year ago. The table below give the breakup of respondent.

Registered in H&N CCT Program	Percentage of beneficiaries who face any difficulty in the enrolment process
Three Month Ago,	38%
Six Month Ago,	17%
Nine Month Ago,	8%
One year Ago,	12%
More than one Year	26%
Total	100%

Among the surveyed beneficiaries, it was found that 39% of them owned a mobile phone. Of those beneficiaries who owned a mobile phone, 60% provided their own mobile number for registration in the AAGOSH program which demonstrates their willingness to receive program-related notifications and updates directly. For beneficiaries who did not own a mobile phone, it was noted that they provided the mobile numbers of their husbands for program registration.

Among the surveyed beneficiaries, 32% reported being able to read messages by themselves which indicates a low level of literacy among a portion of the beneficiaries. A majority of 68% of the beneficiaries relied on someone else to read the messages on their behalf.

Key Field Findings of Enrollment

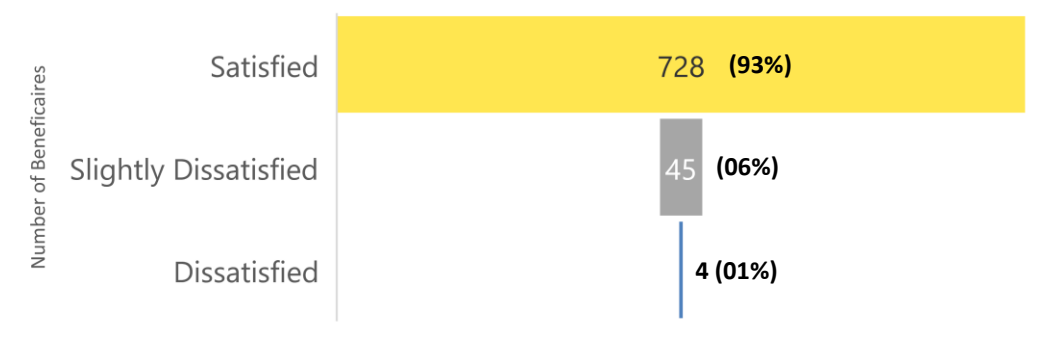
- ▶ During the survey, it is identified that 06 beneficiaries claimed not to be registered in the program despite being part of the program as per the beneficiary record. This goes on to show that these beneficiaries are not aware that they are already enrolled in the program. These instances were noted in Bahawalpur, Rahimyar Khan, Bahawalnager and Bhakar.
- ▶ During surveys, it has come to our attention that there is a discrepancy in the details recorded in the Electronic Medical Record (EMR) system for certain beneficiaries. Specifically, it has been observed that the registered CNIC number does not match the original CNIC details, particularly in terms of the name and husband's name. Upon further inquiry, beneficiaries have explained that while the CNIC number entered in the EMR system belongs to their mother-in-law, the recorded details such as the name and husband's name actually pertain to the beneficiary herself. The details of reported findings are as follows:

Beneficiaries' Satisfaction with Healthcare Services (IRI 3)

One of the Intermediate Result Indicator (IRI) of PHCIP program is the percentage of women who are satisfied with the healthcare services under the program. The target of this indicator is 80% women beneficiaries satisfied with the healthcare services. In order to gauge the satisfaction of the H&N beneficiaries, the IRI was broken down into sub-indicators and beneficiaries' feedback was obtained. **The survey results indicated that 93% of the beneficiaries who availed various healthcare services were satisfied with the services provided.** The satisfaction level of beneficiaries against each sub-indicator can be seen below.

Behavior of Healthcare Staff and their Competency

Based on the survey conducted among program beneficiaries, an overwhelming majority of 93% expressed satisfaction with the overall behavior of the staff and expressed that healthcare staff demonstrated a clear understanding of their problems and situations. They reported that the healthcare staff treated them with respect, listened to their concerns, and communicated effectively during their interactions.



A majority of beneficiaries, 96%, also expressed satisfaction with the healthcare staff, stating that they were provided with relevant information which indicates that healthcare staff effectively communicated essential information to beneficiaries, such as treatment options, procedures, and preventive measures.

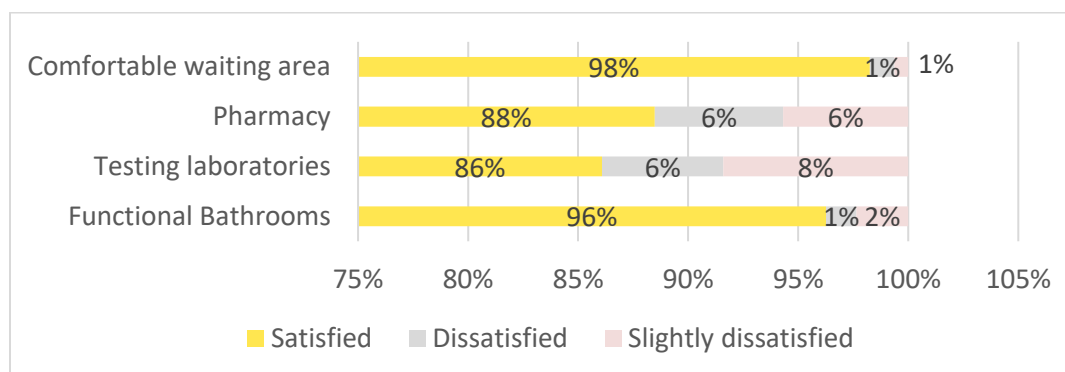
While the majority of beneficiaries reported satisfaction with staff behavior, a small percentage of 7% expressed dissatisfaction. Among the dissatisfied beneficiaries, 86% felt that the relevant staff did not provide them with a sufficient opportunity to express their queries. Notably, these dissatisfied beneficiaries were concentrated in the following districts.

<i>Districts</i>	<i>Number of Beneficiaries who are dissatisfied with the over-all attitude of staff</i>	<i>Percent of Beneficiaries who are dissatisfied with the over-all attitude of staff</i>
Bahawalpur	16	33%
DG khan	9	18%
Khushab	9	18%
Raheemyar Khan	6	12%
Lodhran	4	8%
Mianwali	3	6%
Bhakkar	2	4%
Total	49	100%

Beneficiaries' Satisfaction with the Available Facilities in Health Centers

Understanding beneficiaries' perspectives on availability of facilities in health center (BHU/RHC) provides valuable insights of the health services and enhancing their overall healthcare experience. **The results indicate that overall, 93% of the respondent were satisfied with the available facilities at the health centers.**

A majority of beneficiaries, 98%, reported satisfaction with the waiting areas which play a crucial role in the overall healthcare experience, as they contribute to patient comfort, privacy, and convenience. Among the surveyed beneficiaries, 88% expressed satisfaction with the pharmacy services provided under the H&N CCT program. This indicates the accessibility, availability, and quality of pharmaceutical provisions. For beneficiaries who had used testing laboratories, 86% reported satisfaction with the services provided. In addition, 96% of beneficiaries expressed satisfaction with the cleanness of the washroom facilities offered under the program.



Satisfaction with Treatment Provided

Out of the respondents, majority of 97% expressed satisfaction with their checkup and believe that medical staff diagnose their problem correctly, while only a small minority of 3% reported dissatisfaction. The high satisfaction rate indicates that the majority of pregnant women had a positive experience during their checkups. Furthermore, 98% of the beneficiaries followed the prescriptions, indicating that they were satisfied with the prescribed treatment.

Availability and Accessibility of Prescribed Medication at Health Facility

Among the beneficiaries, 82% reported that the prescribed medication was readily available, indicating a positive outcome in terms of medication availability. Moreover, among those beneficiaries who reported the availability of prescribed medication, 89% stated that they have received the medicines and nutritional supplies free of cost. This highlights that the beneficiaries are able to completely utilize the healthcare services without facing significant financial constraints. The district wise breakup of beneficiaries who reported that the prescribe medicines were not free of cost are as follows.

<i>District</i>	<i>Number of beneficiaries who respond that medicine was not free of cost</i>	<i>Percent of beneficiaries who respond that medicine was not free of cost</i>
Bahawalnagar	13	81%
Rahim Yar Khan	2	13%
Layyah	1	6%
Total	16	100%

Payment Distribution

HBL Konnect Wallet Accounts

The opening of HBL Konnect wallet accounts for beneficiaries involves several steps to ensure their registration and verification. Beneficiaries visit designated health facilities, where they provide their information, and their information shall be verified from multiple channels. Once verified, inactive wallet accounts are created, and beneficiaries receive a confirmation SMS. Once the beneficiary receives the message, they visit any designated pay-point where they undergo biometric verification. Upon successful verification, an OTP message is sent, and the payment is made to the beneficiary.

Among the surveyed beneficiaries, only 48% reported receiving the SMS regarding the opening of the HBL Konnect wallet account. Out of these 48% surveyed beneficiaries, 87% of the beneficiaries opened their HBL Konnect account. As per feedback of the beneficiaries the wallet accounts were open within following timelines.

<i>Time Period</i>	<i>%age of Beneficiaries</i>
Within One Month	78%
Within Two Months	9%
Within Three Months	4%
More than Three Months	10%

Payment Distribution

54% of the surveyed beneficiaries said that they have knowledge of the amount they are supposed to receive under the Conditional Cash Transfer (CCT) program. However, it is essential to address the remaining 46% of beneficiaries who reported a lack of awareness regarding the amount they are supposed to receive.



This indicates potential delays or inefficiencies in the account opening process that need to be explored to identify that whether the delays are on account of non-response of the beneficiaries or delay in the receipt of account opening intimation through SMS.

Among the beneficiaries surveyed, 27% reported receiving the payment under the H&N CCT program which indicates that a small portion of the beneficiaries have received financial support as part of the program.

<i>District</i>	<i>Number of beneficiaries surveyed in the district</i>	<i>Number of surveyed beneficiaries who received the payment</i>	<i>Percentage of surveyed beneficiaries who received the payment</i>
DG khan	76	47	62%
Rahimyar Khan	78	33	42%
Rajan pur	76	32	42%
Bhakkar	77	31	40%
Muzaffargarh	72	28	39%
Mianwali	70	23	33%
Lodhran	77	13	17%

<i>District</i>	<i>Number of beneficiaries surveyed in the district</i>	<i>Number of surveyed beneficiaries who received the payment</i>	<i>Percentage of surveyed beneficiaries who received the payment</i>
Bahawalnagar	71	8	11%
Khushab	79	5	6%
Layyah	78	0	0%
Bahawalpur	71	0	0%

Timeliness of Payment

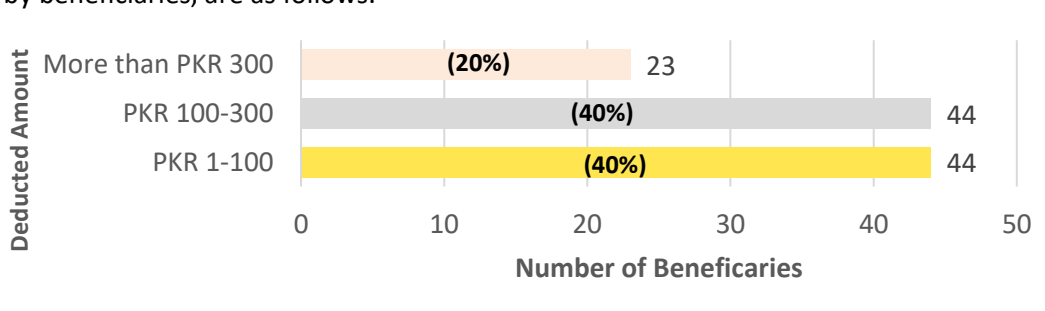
During the analysis of amount disbursement as per the compliance visits report and the claim of beneficiaries of CCT payment it has been noted that 62% of beneficiaries received the same amount as calculated as per the compliance visits, they had conducted. It has also been noted that 35% of the beneficiaries received a lesser amount than what was calculated as per the compliance visits. Conversely, a small percentage of beneficiaries, specifically 4%, claimed to have received a higher amount than what was recorded as per the compliance visits.

Based on the survey findings, it is evident that the majority of beneficiaries, approximately 89%, perceive that they receive payments under the program in a timely manner. This indicates a positive perception among the beneficiaries regarding the payment process. However, it is worth noting that 11% of the beneficiaries, who believe that they experience delays in receiving their payments. The breakup of beneficiaries who believes they receive the payments with delays are as follows.

<i>Time Period</i>	<i>%age of Beneficiaries</i>
6-15 Days	21%
16- 30 Days	29%
31- 60 Days	29%
More than 60 Days	21%

Payment Deductions

Among the surveyed beneficiaries who have received the CCT payments, a **notable 50% reported that deductions were made by the agents** when receiving their payments. Breakdown of the deductions reported by beneficiaries, are as follows.



It has also been noted that DG Khan, Rahimyar Khan, and Rajanpur are the districts with the highest response rates in terms of beneficiaries reporting deductions in their payment amounts. Specifically,

30% of the responses came from DG Khan, while Rahimyar Khan and Rajanpur accounted for 23% and 19% of the total responses, respectively.

The majority of 84% beneficiaries expressed satisfaction with the payment process mechanism in the H&N CCT program, indicating its effectiveness in delivering financial support. However, the presence of delays in payment disbursement and deductions made by agents highlight areas that require attention and improvement.

Grievances Redressal Mechanism

We have been informed that the development of the Grievance Redressal Mechanism (GRM) for PHCIP is in progress. Meantime, the beneficiaries of the program are advised to report any grievance related to the program at the PSPA hotline or they may also send written complaints to the PSPA field and head offices. Through this mechanism the program beneficiaries can initiate complaints regarding any aspect of the program. Accordingly, the beneficiary feedback tool incorporated questions regarding beneficiary awareness of the existing GRM and potential complaints escalated by the beneficiaries using this mechanism.

According to the survey results, it was found that a only 4% of the surveyed beneficiaries were informed about the any sort of process of registering their complaints. Among this small percentage, 47% reported being informed about the existing complaint launching mechanism by their Lady Health Visitor (LHV) or Lady Health Worker (LHW), while 29% gained knowledge through print materials or information, education, and communication (IEC) materials. Additionally, 24% of the beneficiaries became aware of the process from their family or friends.

Among the surveyed beneficiaries, it was found that only six beneficiaries reported registering complaints which were mainly about payment issues. Among the respondents who reported registering a complaint, only one beneficiary utilized the PSPA helpline for complaint registration, while others relied on the assistance of health staff. It is concerning to note that none of the beneficiaries received a complaint registration number, suggesting a lack of proper documentation and tracking.

The feedback from the beneficiaries who registered the complaint indicated dissatisfaction with the process of addressing their concerns. Despite registering complaints, the beneficiaries reported that their grievances remained unresolved. This highlights the need for a more efficient and timely resolution process to address the issues faced by beneficiaries promptly.

Chapter 4: Recommendations and Conclusion

The survey conducted among the beneficiaries of the AAGOSH Health and Nutrition Conditional Cash Transfer (CCT) program provided valuable insights into various aspects of the program's implementation and its impact on the target population. Overall, the report highlights program achievements such as majority of beneficiaries satisfied with the healthcare services and areas for improvement, which can guide the program team in refining their strategies and addressing the identified challenges. By addressing these challenges and building on the program's strengths, program's effectiveness can be enhanced, and it can be ensured that it continues to positively impact the health situation of the beneficiaries it serves.

Some key recommendations in this regard presented below.

- Beneficiary awareness about the H&N CCT (AAGOSH) program was found to be considerably low indicating issues with the program outreach and communication strategies, hence, needs to be reviewed in order to align with the ground realities. For instance, Lady Health Workers (LHWs) emerged as a significant source of information for beneficiaries, highlighting their crucial role in program outreach and education while Robo calls, and letter were not an effective mode of communication. To ensure broader reach and effectiveness of the program, the program should explore alternative modes of awareness campaigns.
- Among the surveyed beneficiaries, only 48% reported receiving the SMS notification regarding the opening of the wallet account. This indicate that a significant portion of beneficiaries did not receive the initial communication which highlights a potential communication gap. It is essential to investigate the reasons behind this and efforts should be made to improve the communication process to ensure that a higher percentage of beneficiaries receive the necessary information,
- The distribution of CCT payment was the areas of concern as only a small number (27%) of beneficiaries received the CCT payment amount which is in opposition to the design of the program. This could be one of the reasons for low safe delivery numbers as the incentive that promised was not provided to the beneficiaries during the routine check-ups. To address these issues, it is necessary to review the payment process and identify any bottlenecks that may be causing problems or delays. In addition, deductions made by agents require attention of implementing agency for its improvement.
- The beneficiaries of the PHCIP are advised to report any grievance related to the program at the PSPA hotline or they may also send written complaints to the PSPA field and head offices. Considering that PSPA is implementing many other programs and there would be lot of traffic on the single hotline, establishing a dedicated grievance redressal helpline for PHCIP would ensure transparency, accountability, and addressing any concerns or complaints that may arise within the program. Further, there should be clear and accessible guidelines that should outline the process for submitting grievances. These guidelines should provide information on how and where beneficiaries can lodge their complaints, the expected timeframe for response and resolution, and the steps involved in the grievance redressal process. These guidelines should be shared with all beneficiaries at the time of enrollment into the program.



Annexures

Annexure – A (Number of Beneficiaries who are aware from H&N CCT Program)

District	Notation	Yes	No	Total
Bahawalnagar	N	22	48	70
	%	31%	69%	100%
Bahawalpur	N	41	30	71
	%	58%	42%	100%
Bhakkar	N	53	24	77
	%	69%	31%	100%
Dera Ghazi Khan	N	43	33	76
	%	57%	43%	100%
Khushab	N	22	57	79
	%	28%	72%	100%
Layyah	N	77	1	78
	%	99%	1%	100%
Lodhran	N	41	36	77
	%	53%	47%	100%
Mianwali	N	47	23	70
	%	67%	33%	100%
Muzaffargarh	N	54	18	72
	%	75%	25%	100%
Rahim Yar Khan	N	42	35	77
	%	55%	45%	100%
Rajanpur	N	62	13	75
	%	83%	17%	100%
Overall	N	504	318	822
	%	61%	39%	100%

Annexure – B (Number of Beneficiaries who Face Problem in Enrollment Process)

District	Notation	I did not have an identity card	The family tree was not updated	Lady Health Visitor did not register due to being busy	Others	Total
Bahawalnagar	N	3	1	4	1	9
	%	33%	11%	44%	11%	100%
Bahawalpur	N	0	0	1	2	3
	%	0%	0%	33%	67%	100%
Bhakkar	N	0	0	0	1	1
	%	0%	0%	0%	100%	100%
Dera Ghazi Khan	N	0	1	1	3	5
	%	0%	20%	20%	60%	100%
Khushab	N	3	0	1	0	4
	%	75%	0%	25%	0%	100%
Layyah	N	0	1	0	0	1
	%	0%	100%	0%	0%	100%
Lodhran	N	0	0	8	2	10
	%	0%	0%	80%	20%	100%
Mianwali	N	1	0	0	0	1
	%	100%	0%	0%	0%	100%
Muzaffargarh	N	0	0	12	0	12
	%	0%	0%	100%	0%	100%
Rahim Yar Khan	N	0	1	0	0	1
	%	0%	100%	0%	0%	100%
Rajanpur	N	0	0	0	11	11
	%	0%	0%	0%	100%	100%
Overall	N	7	4	27	20	58
	%	12%	7%	47%	34%	100%